VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CEDTIEIC ATE OF

7788 CERTIFICATE	OF D	Re-	g. Dist. No./ 82
1. PLACE OF DEATH	2. USUAL RES	IDENCE (HOME) OF DE	CEASED
1/21.21	11		46-
COUNTY TAKE TO MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE CITY (it outside	COUNTY corporate limits, write RURAL and	12/01-0
OR and give neerest town) / (in this place)	OR C	Corporate simils, write KOKAL and	give nearest town)
X TOWN DORLINGTON RURAL Z YEARS	TOWN Z	aRlington	Ruiga) X
HOSPITAL OR	STREET	(If rural give	location)
INSTITUTION OR STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle)	(Last)	4. DATE (Mont)	i) (Dey) (Year)
(Type or Print) Laura F	16ert	DEATH A	49 12 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	BIRTH "	9. AGE lest birthdey	IF ONDER 1 YEAR IF UNDER 24 HRS
F W (Specify) Widow Mark	10-1884	4 7/ yrs.	Months Days Hours Min.
	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)	Va		21S
13. FATHER'S NAME	14. MOTHER'S MA	AIDEN NAME	
UNKNOWN	1/ N/	Maul NI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMA	NT & ADDRESS	
(Yes, no, pr. wik.) (If Yes, give wer or detes of service)	MrsRa	YMONSCOVERDA	J MI
18. MEDICAL CERT	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 10	- 0	ONSEL AND DEATH
153% IMMEDIATE CAUSE (A)	9 4	rem	192
ANTECEDENT CAUSE(S) DUE TO	()		
DISEASES OR CONDITIONS IF ANY (B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(260 X) (C)			
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19 DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	0 12 1		20. AUTOPSY?
March 1955 (Browna	111 604	N	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, 21 OR CONTRIBUTING ☐ CAUSE OF BEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY	OCCUR? (City or town)	(County) (State)
	21f. HOW DID INJURY	OCCUR?	
M. et work et werk		THE STATE OF THE S	
		Min TE	
22. I hereby certify that I attended the deceased from	19.1.7, 10		., that I last saw the deceased
alive on fully 19 55 , and that death occurred at.			
BIGNATURE O DO DE MA	6	ADDRESS (Street, city, town,	stete) DATE SIGNED
Malcolin Wilder Tulkan hu	1) ay	achierantin	nid 811310
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY	LOCATION (City, town,	or county) (Stete)
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24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIREC	TOR'S SIGNATURE	CADDRESS MO
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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

DATE OF

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CERTIFICATE 7773

MARYLAND

LENGTH OF STAY

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VINGLE, MARRIED, WIDOWED, DIVORCED,

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18. MEDICAL CERT

OR INDUSTRY

16.

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, farm, fectory,

OF INJURY street, office bldg., etc.)

While

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21e. INJURY OCCURRED

Not while

M.D.

NAME OF CEMETERY OR CE

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and that death occurred at

(Specify)-

FORCES

(A) DUE TO

DUE TO

(Year) (Hour)

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REGISTRAR'S/SIGNATURE

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STATE CITY (If outside chrorete limits, write RURAL end give neerest town) OR TOWN DEATH STREET (If rural give locetlon) ADDRESS A	OF DEATH	Reg. Dist. No. 185
STATE CITY (If outside disposete limits, write RURAL end give nearest town) OR TOWN A PROPERTY STREET ADDRESS ADATE (Month) OF DEATH 9. AGE lest birthdey WHAT GUNTRY 12. CITIZEN OF WHAT GUNTRY 14. MOTHER'S MAIDEN NAME A MOTHER'S MAIDEN NAME A MOTHER'S MAIDEN NAME TOWN FICATION WHERE DID INJURY OCCUR? (City or town) COUNTY) COUNTY		
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1935, to 955, that I last saw the deceased 45 P.M. from the causes and on the date stated above.	WHERE DID INJURY OCCUR? (City or town)	
1935, to 955, that I last saw the deceased 45 P.M. from the causes and on the date stated above.		
45.P.M, from the causes and on the date stated above.	. HOW DID INJURY OCCUR?	
45.P.M, from the causes and on the date stated above.		
	, 1955, to 195	, that I last saw the deceased
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	ADDRESS (Street, city	, jown, stele) DATE SIGNED
EMATORY LOCATION (City, lows/or county) (Stete)	wayser were	in me 57/7/5
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1. PLACE OF DEATH

STREET ADDRESS NAME OF DECEASED

(Type or Print)

retired)

15. WAS DECEASED

19e. DATE OF OPERATION

21d. TIME OF INJURY

alive on.....

BURIAL, CREMATION,

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

,25,1955

21e. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TI CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

(Yes, no, or unk.)

13. FATHER'S

(If outside corporate limits,

COLOR

EVER IN U. S. ARMED

NO

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(Month) (Dey)

22. I hereby certify that I attended the deceased from.

(If Yes, give wer or detes of service)

RACE

6.

NAME

10e. USUAL OCCUPATION (Give kind of work

done during most of working life, even it

end give neerest town)

COUNTY

OR

TOWN HOSPITAL OF INSTITUTION OF

death.

PHYSICIAN OR HOSPITAL: The law requires that may be retained by the hospital or attending physician. certificate has FUNERAL The bottom 0

1-55 10M A15C SX

ST ANGERLAS STRAIN OF HEAVENING TARY CHARLES HTARO TO STADE DEATH

	7789		17780
1 42	MARYLAND STATE DEPARTMENT OF 1	HEALTH—BALTIMORE, 18	Reg. Dist.
correct	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	NJ. 82
9	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
The ly.	COUNTY Harford MARYLAND	STATE MA COUNTY Har	hord,
rully. The legibly.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give, pearest town)	CITY (If outside corporate limits write RURAL a)	nd give nearest town)
d left	HOSPITAL OR	TOWN Fallalva	<u> </u>
n carei y and	INSTITUTION OR STREET ADDRESS	ADDRESS Rural	, ,
f information death clearly	3. NAME OF (First) (Middle) DECEASED: WILLIAM RUSSELL AY	(Last) 4. DATE (Month) (DO OF DEATH Aug. 3	(Year) 1 1955
nfor	5. SEX: 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify): Market WAR	E OF BIRTH: 9. AGE last birthday: IF UNDER I	YEAR IF UNDER 24 HRS Days Hours Min.
0 44	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): // Callywad work for the work life,	, J.	2. CITIZEN OF WIIA
OR BINDING by every item the causes of	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
FOR E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
med R.	18. MEDIC.	AL CERTIFICATION	INTERVAL BETWEE
RESERVED NG INK. Suis: please wi	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Thrombosis (a) Thrombosis	of left coronary artery	ONSET AND DEATH
ESI G I	DUE TO Antecedent cause(s)		
Ind Ind	Diseases or conditions, if any, (b)		
MARGIN UNFAD Physicia	giving rise to the above cause DUE TO stating underlying cause last		
AR	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
Wirr	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
LY, impo	21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc. INJURY	, 21c. (City or town) (County)	(State)
PLEASE WRITE PLAINLY, WITH age is especially important.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □ at work □	21f. HOW DID INJURY OCCUR?	
PI	22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy 🖾, Inspection [], Inquiry [], an
TE	find that theath resulted from: Natural causes I, Accident	dent ☐, Suicide ☐, Homicide ☐, Undet CHIEF MEDICAL EXAMINER ☐	ermined cause [
WRI ge is	SIGNATURE Janl men	M. D. ASSISTANT MEDICAL EXAMINER	0/02/22
E S	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or	county) (State)
EA	DATE REC'D BY LOCAL RECITTAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
PL	REGG. 1-53. Prescella Lourova	WH trebert	Denson may

BUREAU V. S.

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INSTRUCTIONS

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7774 CERTIFICATE OF DEATH

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1. PLACE OF	DEATH			2. USUAL R	RESIDENCE (H	OME) OF DEC	CEASED		
COUNTY #	tartord		MARYLAND	STATE /	10	COUNTY	tarty	18-2	
CITY (If out	sida corpofata limits, write RURA	.L	LENGTH OF STAY	CITY (If ou	itside corporala limits	, write RURAL end	give neerest town	n)	
32 TOWN	Be) A(R		(in this place) 29 yes; RS	TOWN Z	Be) AIR	M.		32	2
HOSPITAL OR	OR		10	STREET ADDRESS	,	(If rure) give	locetion)	1	
STREET ADDRE				4	14 BARNE	155+			
3. NAME OF DECEASE	(First)	(N	liddla)	(Last)	4.	DATE (Month)) (Day)	(Yeer)	
(Type or Print)		Me	WIN 73	elle y		DEATH A	14 10	195	5
S. SEX	6. COLOR OR d 7. S	INGLE, MARRIED	8. DAT	OF BIRTH	9. AGE	_	IF CINDER 1 YEAR		
M		Specify)	RRIED SED	+30-189	3 61	yrs.	Months Days	Hours /	Min.
10a. USUAL OCCU	JPATION (Giva kind of work	10b. KIND	OF BUSINESS	11. BIRTHPLACE (SI	tata or foreign countr	(Y)		EN OF WHAT	
Stelling W	most of working lifa, evan if	Truc	K auto"	Aloxx.	Seen 1	Md	US	NIKI	
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME				
	Wa)teRF	Baile	4	Linu	RA AND	LRSCN			
	ED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		MANT & ADDRESS				
(Yes, no, or unk.)	(If Yas, give war or dates of s	parvice) 2/	5-77-885	O MISH	wige Bail	suce St	B. JAI	LMO	
	CHRISTIANIS BIRECTIVI LEADIN	O TO DEATH	18. MEDICAL C	ERTIFICATION	7-1-1-1-1	1.11.25		ERVAL BETWEE	
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GIVING RISE TO	THE ABOVE CAUSE	0				.,,			
STATING UNDERL	YING CAUSE LAST. (C)								
	CANT CONDITIONS CONTRIBUT	ING							
	NDITION CAUSING DEATH.								
19e. DATE OF OP	ERATION 196. MAJ	OR FINDINGS O	FOPERATION					S NO \$	-
21a. ACCIDENT W	/AS UNDERLYING [] 21b.	PLACE (Home,	farm, factory,	21c. WHERE DID INJU	JRY OCCUR? (City	or lown)	(County)	(Stela)	
OR CONTRIBUTING		NJURY street, off		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	JRY (Month) (Dey) (Yaar)		NJURY OCCURRED	21f. HOW DID INJU	JRY OCCUR?				
		M. at wor			79 (41)		1756		
22. I hereby	certify that I attende	d the deceas	ed from	1949	o aus 9	19.55	, that I last sa	w the dece	ased
alive on			hat death occurred						
SIGNATU		/ //	' dean occurred			Street, city, town		DATE SIGN	NED
0	XIT MAL	well	M. D.	1,500	aus	· Ma	/	Day !	30
23. BURIAL, CREA		EOF	NAME OF CEMETERY	OR CREMATORY	LOCA	TION (City, Iown,		(Stat	ra)
By RION)	A 12 G /	2/55	NITRION		Face	vtain Co	HARTON	MI	
24. REC'D BY REC		S SIGNATURE	110	25. PUNERAL DI	RECTOR'S SIGNATU	JRE .	ADDRES	S	
DATE 8-10	-36 14	11 100-	for wort	& from	11. 15	126 S	sola.	med	
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BUREAU V. S.

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Harford

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1955

IF UNDER 24 HRS

Min.

Hours

CITIZEN OF WHAT

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

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AUTOPSY?

(State)

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(State)

Balto.

ADDRESS

COUNTRY?

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

		,,	_
MEDICAL EXAMINER'S	CERTIFICATE	OF DEATH	No. 182

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY TOTAL MARYLAND	STATE MA COUNTY HAT	lard
OH and give nearest town), write RURAL LENGTH OF STAY	(If outside corporate limits write RURAL and	give nearest town)
TOWN (in this place)	TOWN Conowing Vi	Clasix
HOSPITAL OR	STREET (If rural, give location)	7
INSTITUTION OR STREET ADDRESS	ADDRESS	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) E/1236p Th Amelia Co	770 11 OF DEATH Arreast 2	1955
5 SEX: 6 COLOR OR 7. SÍNGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): Married al	FE OF BIRTH: 9. AGE last birthday: IF UNDER 1 Y Months Do	EAR IF UNDER 24 HRS. Ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during post of work life, ANDUSTRY:		CITIZEN OF WHAT
even if retired): Hours at nom	Vinila, Cenna	J.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Fredrich Schaum	Hulda a amou	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: Yes, no, or unk.) (If Yes, give was or dates of	17. INFORMANT & ADDRESS:	0
Mo service) NW NW	Benjiman aviol	
	CAL CERTIFICATION on our ways Vil	LACIL
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	1 Harbord Co. Me	ONSET AND DEATH
Immediate cause (a) Colonary och	clusion	7' -
DUE TO		
Antecedent cause(s)		
Diseases or conditions, if any. (b) giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY3
		Yes No No
21a. EXTERNAL CAUSE WAS PRIMARY \(\) or CONTRIBUTING \(\) OF street, office bldg., et CAUSE OF DEATH.	C.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while at work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy [], Inspection	, Inquiry [], and
find that death resulted from: Natural causes , Acc	ident [], Suicide [], Homicide [], Undeter	mined cause
SIGNATURE 10 P. Dans 1	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
shorald to almost	M. D. ASSISTANT MEDICAL EXAM.	8/2/53
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETY	1 = 1 1 1 no n	ounty) (State)
Burial august 0, 1900	armony taxord co.	rg.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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		md,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

VACE DATES

BUREAU V. E.

TO FUNERAL The bottom c

08/5201250

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7792

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH			2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED
COUNTY	Harford	MARYLAI	ND	STATE Maryla	nd COUNTY Har:	ford
	porate limits, write RURAL	LENGTH OF S		CITY (If outside corpor	rete limits, write RURAL end give n	earest town)
OR and give near	rest town) Derdeen	l day		TOWN Aberd		X
	JS Army Hospi	tal		STREET ADDRESS RFD #2	(If rurei give locetion, Poplar Hill)
3. NAME OF	(First)	(Middle)	-	(Lost)	4. DATE (Month)	(Dey) (Yeer)
DECEASED -	Theresa	Ann	Conn		DEATH August	7 19 55
	ACE WID	GLE, MARRIED, OWED, DIVORCED, cify) Single	8. DATE O	gust 1955	9. AGE lest birthdey IF UND Months	ER 1 YEAR IF UNDER 24 HF
10e. USUAL OCCUPATIO done during most of retired) None	working life, even if	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			-	1 14. MOTHER'S MAIDEN	NAME	
William	Joseph Conne	olly Jr		Gertrude	Mary Burgess	
	R IN U. S. ARMED FORCES		ITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, or unk.) (If Y	es, give wer or detes of serv	Nor	10	Father (as in 2)	THE ROLL
E DISEASES OF CONDIT	TONS DIRECTLY LEADING T	O DEATH	CAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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DISEASES OR CONDITION GIVING RISE TO THE A STATING UNDERLYING	BOVE CAUSE					
TO THE DEATH BUT NO DISEASE OR CONDITION	ONDITIONS CONTRIBUTING					
19e. DATE OF OPERATION	N 196. MAJOR	FINDINGS OF OPERATION	NA			20. AUTOPSY? YES NO DE
216. ACCIDENT WAS US OR CONTRIBUTING CA	USE OF DEATH OF INJU	ACE (Home, farm, fectory, RY street, office bldg., elc.)	2	ic. WHERE DID INJURY OCCUR	? (City or town) (Co	unty) (State)
21d. TIME OF INJURY	(Month) (Dey) (Yeer) (H	our) 21e, INJURY OCCURR While Not w M. et work et wo	hile	21f. HOW DID INJURY OCCUR	17	
	tify that I attended to	he deceased from Al	curred at:	2015p M, from the c	19.55, that auses and on the date states (Street, city, town, state) Aberdeen Md	I last saw the decease ted above. PATE SIGNE 7 Aug 55
23. BURIAL, CREMATION	1 16	1.1	METERY OR	CREMATORY	LOCATION (City, lown, or coun	(State)
/Diania/	aug 9.	-1435 LOS	+ pa		aberdeen	Maryand,
24. REC'D BY REGISTRAL	REGISTRAR'S	IGNATURE /		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
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HARTHAND STATE OFFICER OF HEALTH-BALTIMORE, SE

DESTINICATE OF DEATH

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INSTRUCTIONS

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hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7775 CERTIFICATE OF DEATH

I. PLACE U	F DEATH			1	2. USUAL RESID	ENCE (HOME) OF	DECEASED	
	Harfo	na		32 - 53	D-		D	
COUNTY	tside corporate limits,		MARYLA		STATE Pa	COUNTY rporate limits, write RURAL	Burks	ta)
OR end o	give negrest town)		(in this pla		OR		end give nearest :	town)
RATIONN H	avre de	Grace	2 hr	rs		ding	/.	5 X - 3
HOSPITAL O	OR	Warren S	St.		STREET ADDRESS 100 Stanf	ord Ave. I	incoln	Park
3. NAME OF DECEASE (Type or Print	D _		(Middle)	onahow	.est)	4. DATE (M		ay) (Yee
5. SEX	6. COLOR OR	7. SINGLE, MA	RRIED. 1	8. DATE OF		9. AGE lest birthday	IF UNDER 1 YE	
r'emale	White	Widowed,	DIVORCED,	July 2	2. 1884	77 yrs		eys Hours
10e. USUAL OCC	UPATION (Give kind	of work 10b.	KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (State or I	preign country)	12.	TITIZEN OF WH.
refired)	most of working life,	e even if	OK INDUSTRY	P	ennsylvan	ia	USA	_
13. FATHER'S NA	AME				14. MOTHER'S MAIDE		1000	
Tho	mas	George			Mary A.S	tonehond		
	SED EVER IN U. S. A		16. SOCIAL SECU	RITY NO.	17. INFORMANT			
(Yes, no, or unk.)	(It Yes, give wer o	or detes of service)			Clarke D	onahower R		D.
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SI SECRITIAS ATLASK TO THEM TEATED STATE CHAITELM CERTIFICATE OF DEATH and a known of the same of off a foonia, eva francast 001 | 100 attack ave., timeof a faite ente and and - other senters Sandanedt, A vanual . Big. or in spile, remain nour election Section Charges My separation of house policy 3 warra affilt daagot cont-fi-s Leave Pattersone Son Ferry Miss Nell.

PHYSICIAN OR HOSPITAL: The law requires that the death certificate be nay be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL D The bottom co

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 7776

1. PLACE OF DEATH	1		2. USUAL RESIDEN	ICE (HOME) OF DECE	ASED
COUNTY HARSOR		MARYLAND	STATE Md.	COUNTY A	RKford
CITY (If outside corporate lim OR and give neerest town)	,	NGTH OF STAY (in this plece)	CITY (If outside corpo OR TOWN	rate limits, write RURAL and gi	ve neafast town}
HOSPITAL OR	GRACE 13	SO MRS.	STREET Bel	[If rural give loc	ation)
INSTITUTION OR HACK	FORD HEMOR	ial Hosp.	ADDRESS 7 La	e ST.	
DECEASED A	irst) (Middle	e) ,	(Last)	4. DATE (Month)	(Day)
(Type or Print) Mgu i	11A Robe	AT H	All	DEATH Augu	157 6
5. SEX 6. COLOR OF	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Spacily)	D, 8. DATE OF		Mo	nths Days Ho
100. USUAL OCCUPATION (Give k	Ed ///		BO - 1885	an country)	1 12. CITIZEN OF
done during most of working retired)		STRY	$m \downarrow$	gii couiii,,	COUNTRY?
13. FATHER'S NAME	ITTIVATE	FRAIL	14. MOTHER'S MAIDEN	NAME	4.50
Wesley	4011		10	00 1/2/21	
15. WAS DECEASED EVER IN U. S	ARMED FORCES? 16. SOC	CIAL SECURITY NO.	17. INFORMANT &	ADDRESS	7800.1
	ar or dates of service)		- Man Roi	They The OD-	Bol- au
		8. MEDICAL CERT	11000 1000	400 0000	INTERVAL
	CONTRACTOR OF STATE	or mentioned owner	IFICATION		INTERVAL
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420. IMMEDIATE CAUSE ANTECEDENT CAUSE	(A) (S) DUE TO COMME	mia escut ergo grene L	eft Leg-	H.S. AWI	ONSET AN
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THE CERTIFICATE OF DEATH

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	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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07789

CERTIFICATE OF DEATH

Reg.	Dist.	No. 181

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HAT LOVE. MARYLAND	STATE Wasy and county Hartard.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (in this place)	CITY (If outside comparate limits, write RURAL and give nearest (6wn)
X TOWN Army Chemical Center 5 with	TOWN Arabus Obanied Contex x
HOSPITAL OR	STREET (If rura) give location)
OF STREET ADDRESS QUESTIENS # 292	ADDRESS Jugarton 292
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yaar)
DECEASED (Type or Print)	of DEATH (MAR OF ST
2/0000 (10.14.L.) 1/au	uillou
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	BIRTH 9. AGE lest birthdey II UNDER 1 YEAR Wonths Days Hours Min.
Male. White (Specify) Merried Dec.	014. 10/1 8 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if AR INDUSTRY	11. BiRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired La les vian retired Trocery	Laur da.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1/avid Homilton	Cotoria Paulitie Dwetka
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS LIGATERS 242
(Yes, no, or unk.) (If Yes, give wer or detes of service)	The Aller a Hamilton A do yel
18. MEDICAL CERT	TIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- DIADA LIAMAT QIE ONSET AND DEATH
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ANTECEDENT CAUSE(S) DUE TO 15 FAIR 1013	LAND DE CAMAIA ONDE
DISEASES OR CONDITIONS, IF ANY, (B)	UNT 0/3/190112, 27/0,
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1-1
TO THE DEATH BUT NOT RELATED TO THE	ET APICPINSCIPPINS OF STANKS
DISEASE OR CONDITION CAUSING DEATH.	20° AUTOPSY?
LIO 59 ADTUCCARCINOMA ATE	CICHNID COLON YES NO EL
	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while	II. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from	, 1955., to 1 last saw the deceased
alive of 19	71372
SIGNATURE / //	ADDRESS (Street, city, town, state) DATE SIGNED
Marie Natural apt 19 Como All	MV CHANICALOFTIEPUDOIA
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	REMATORY LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY) 8/23/65 74t. Ges bear 2	Pountery Pouloide Mass.
24/ REC'D BY REGISTRAR REGISTRAR'S SIGNATURE)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1 1110 3-55 1 1011 K 1000	John & Varoring aborton rus.
DATELY LO SOI VILLE 11. VILLY	1 000

ST SECRETARY STATE DEPARTMENT OF REALTHAUTE CHALLY AND TO

CERTIFICATE OF DEATH

COUCEY NOTE

BIKEYO K. E.

CONTRACTOR ONLY

in the Court and an area of the court in the Court of the

72 hours after death. After this director, the third copy of this

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom of may be retained by the hospital or attending physician. FUNERAL EXECTOR: The law requires that the death certificate be filed with the registrar within 7.2 h certificate has been executed by the attending physician and completely filled in by the funeral direct death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL

VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07787

	CERTIFICAT	E OF DEA	R	eg. Dist. No.	180
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF D	ECEASED	
COUNTY Harford	MARYLAND	STATE Marvla	nd COUNTY	Vane	a mal
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (II outside corpor		Harf	n)
OR and give nearest town) **TOWN Edgewood	(in this place)	OR TOWN			
HOSPITAL OR	3 yrs	STREET	gewood (It rural giv	ve location)	X
INSTITUTION OR STREET ADDRESS		ADDRESS			
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Mo	nth) (Day)	(Year)
(Type or Print) Martha	Elizabeth	Hancock		lug. 18	19 55
	IGLE, MARRIED, 8. DATE	OF BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	JIF UNDER 24 HRS
	DOWED, DIVORCED, Dacify) married June	24 1076	79 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work	10b. KIND OF BUSINESS	11. BIRTHPLACE (Stata or Joreig		1 12, CITIZ	EN OF WHAT
done during most of working life, even if	OR INDUSTRY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INTRY?
refired) Housewife 13. FATHER'S NAME	none	Virginia 14. MOTHER'S MAIDEN N	14.446		U.S.A.
Isaac Thompson		Unknown	IAME		
IS. WAS DECEASED EVER IN U. S. ARMED FORC		17. INFORMANT & A	DDRESS		
(Yas, no or unk.) (II Yas, give wer or dates of set	none none	Mrs. Frank	Jones, Eds	zewood. Ma	aryland
I DISEASES OR CONDITIONS DIRECTLY LEADING	18. MEDICAL C			INI	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING		11- 11-	F 111 10		ISET AND DEATH
422, / IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO		VE HEART	FAILUR	1	THE
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	DISKASE	KOTIC CAN	RDIOUAS	SCUKI-RE	STENES
DISEASE OR CONDITION CAUSING DEATH.	HIPEKIKOP	HIC ARIHRI	1115		
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION				O. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 1 21b.	PLACE (Home, Jerm, Jactory,	21c. WHERE DID INJURY OCCUR	3 (6)	YE	
OR CONTRIBUTING CAUSE OF DEATH OF IN	IURY straet, offica bldg., etc.)	ZIC. WHERE DID INJOK! OCCUR	r (Cay or lown)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not whila At work at work	211. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended alive on 19.5.5	the deceased from S.P.R.I.N.I				
SIGNATURE	1. 7.	ADDR	ESS (Straat, city, tow	vn, stata)	DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREC		DR CREMATORY	LOCATION (City, tow	n, or county)	(State)
Removal Aug.19	,1955 Seaver & S	on F.H.	Marion,	Smyth. U	irginia
24. REC'D BY REGISTRAR REGISTRAR'S		25. FUNERAL DIRECTOR'S S	IGNATURE	ADDRES	
DATE QUA. 19.1955 Norm	1 & many	Howard K. Mc	Comas & Se	on Abing	don, Md.
11/101	a rilland	Alexand Al	1 1111		

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Burg Dies ton 280 THE STATE OF THE S Date (Control . . . des Craic Cones E Esgewood Dans Cand and the first will all the property of the second state of the sec

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the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

FUNERAL SYCECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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lay be retained by the hospital or attending physician.

7777 CERTIFICATE OF DEATH

Reg. Dist. No. / 85

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Harford MARYLAND	STATE Md. COUNTY Harford
CITY (If outside comorata limits, write RURAL LENGTH OF STATE	Y CITY (If outside corporate limits, write RURAL end give neerest lown)
OR end give negrest town) 2 4 TOWN Surre de Grace 20 42	OR //
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR 827 S. Talantin t	ADDRESS ON THE CYCLE OF THE COLUMN THE COLUM
10 1 1 0 month of ton	21. 84/2.4 askington 21
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) OF (Year)
(Type or Print) / ATHERINE N	PATHENSHOPPER DEATH AUG. 4 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8.	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE (Specify) WIDD WED /	MAV 12 1866 89 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY retired)	COUNTRY?
13. FATHER'S NAME /	1 /VI D. U.S. K.
is. Partick's Hame	14. MOTHER'S MAIDEN NAME
N. E. MAINEWS	I HELEN SAPPINGTON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs. D. Laylor Lyon- Havre de LeaceMs
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	L CENTIFICATION INTERVAL BETWEEN
DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH ONLY A MA	ONSET AND DEATH
331 MMEDIATE CAUSE (A)	a yempyanan -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	clerosis - Hollenews
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	V'
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF CONTRIBUTING OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. While Not while at work at work	
22. I hereby certify that I attended the deceased from 46	19.44 to 5-4 19.55 that Llast saw the deceased
	rred at
SIGNATURE L	ADDRESS (Street, city, low), stata DATE SIGNED
Co Z. Z. Duys	Theres Northbur had and 1-190
23. BURIAL, CREMATION, DATE THEREOR NAME OF CEMET	ERY OR CREMATORY LOCATION (City, Town, County) (State)
REMOVAL (SPECIFY)	(Sizie)
BURIAL 8-6-955 ANGE	
25. REGISTRAK REGISTRAK'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE My . 0- 19 4. a. Xenio M	1. al Madeson Make how Traored Sugge Mo.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

			Keg. Di	st. No/D
1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED /
COUNTY HARFORD	MARYLAND	STATE MARC	1/ BECONNEY X/X	retord
CITY (If outside corporate limits, write RURAL OR end give negrest town)	LENGTH OF STAY	CITY (il outside corporate	limits, write RURAL end give n	rearest (own)
24 TOWN HAVRE DE GRACE	(in this place)	TOWN Abel	deen	31
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural giva locatio	n)
7 STREET ADDRESS HAKFORD MEM	ociAl Hosp	Doy	414	
3. NAME OF (First)	Middle)	(Last)	4. DATE (Month)	(Dey) (Yaar)
(Type or Print) Baky B	ov In	bod u	DEATH AUSO	15+ 2 19 S
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV	D, 8. DATE O	F BIRTH 9.		DER 1 YEAR IF UNDER 24
MAIE White (Specify) Sin	glo Hugu	1st 1, 1955	yrs. Months	17
	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
	una	MARYIA	na	U.J. H.
13. FATHER'S NAME	, , , , , , , , , , , , , , , , , , , ,	14. MOTHER'S MAIDEN NA		1
HAROID Inb.	cdy	WAncy	Ann NEU	IBAUER
	SOCIAL SECURITY NO.	17. INFORMANT & ADD	RESS	SWAIN HA
(Yes, no, or unk.) (If Yes, give war or detes of service)	A father haben	- HAROLD	IN BODY	OR DEL
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWE
N/10 DA	UND IDATIK	V EBILIPA	?	6 416
/6/, U IMMEDIATE CAUSE (A)	1011/010	7 17/20/20	^	9 ///
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	PAIN STEN	u AlloxI!	1	
GIVING RISE TO THE ABOVE CAUSE DUE TO	1-00.44	DINCENTA	APPUPTIO	
	4TERNAL	PLACENTA	MERCENTO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINDINGS (OF OPERATION			20. AUTOPSY
				YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home OF INJURY street, of		16. WHERE DID INJURY OCCUR?	(City or town) (Co	ounty) (Stata)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e.		21t. HOW DID INJURY OCCUR?		
M. et wo		~ ~		
22. I hereby certify that I attended the decea	sed from X	19.50, to 8:	2 1955 that	I last saw the dece
		5 05 M, from the cau		
SIGNATURE AND IN	/	A ADDRE	SS (Street, city, town, stata)	DATE SIG
1551 Chmen	M.D.			82.55
23. BURIAL, CREMATION, I DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	OCATION (City, town, or cour	ntyr (Sta
13-1955	(incol	/ till	Havrede 2	Trace Mi
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1) arrayer	25. FUNERAL DIRECTOR'S SIG	NATURE	ADDRESS M
DATE 200 2.1955 4. T.X	ewis m. D	18. Modern 11	Whelelf Hay	OF DE GRAC
DATE M. G. 3-1955 4. 1.	ewro m. N	1. Madeson 11.	Wellt HAV	REPETRA

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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Item 5.FilmG186 9-20-55 et	Reg. Dist. No. 10 &
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HARFORD MARYLAND	STATE MA COUNTY HARTERS
CITY (II dutside corporete limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (It outside corporata limits, write RURAL and give nearest town) OR
X TOWN Hartord 3 years	TOWN BEJAIN MA 3d
HOSPITAL OR INSTITUTION OR COUNTY HOME	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaer) OF
	INSON DEATH August 8 155
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED,	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
Female Col. (Spacify) Wid.	45-1873 82 yrs.
10a, USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if retired) 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1)	T I Bains
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS J
(Yas, nd, grunk.) (If Yas, give war or datas of sarvice)	James A CORNS MIDD.
18. MEDICAL CE	JSLJAIR/IId/IU/
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
15/X IMMEDIATE CAUSE (A) Carcinoma of Stom	ach /?
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) NOTICE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) NONE	
TO THE DEATH BUT NOT RELATED TO THE NOTE OF THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, faclory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c, WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Whila Not while at work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from. July	1, 19.55 to Aug. 8
alive on Aug 7, 1955, and that death occurred	at 9:30M, from the causes and on the date stated above.
SIGNATURE ()	ADDRESS (Straat, city, lown, stata) DATE SIGNE
Wellard P. Alldson	Forest Hilll. Md. 8-8-55
23. BURIAL, CREMATION, DATE THERE F NAME OF CEMETERY O	
Buria) Augu/1955 ASSUV	Methodist Beldir Hartord Md
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE Annual	25 FUNERAL DIRECTOR'S SIGNATURE BLAUPESS

SERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7779 CERTIFICATE OF DEATH

		Reg. Dist.	140
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY HARFORD MARYLAND	STATE MALY/AND COUNTY CEC	//
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest town) (In this place)	CITY (If outside & rporate limits, write RURAL and give neare	est town)
	12 TOWN HAURE DE GRACE 1/2 DAYS	TOWN CONOWINGD	01X-2
MI	HOSPITAL OR INSTITUTION OR	STREET (If defail give location)	1
	STREET ADDRESS HARFORD MEMORIAL HOSP.	7.0	V
53	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Yeer)
2.7	(Type or Print) Edward Ja	ONES, JR, DEATH HUGUS	573 1955
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE last birthday Months	YEAR IF UNDER 24 HRS. Deys Hours Min.
	MAIE COLORED Specify SinglE MEB.	18 1930 LO yrs.	
	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
permit.	relired) LABORER	MARYLAND	4.5.A.
0	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
transit	Edward Jones JR.	MARION BARRY	
tra	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] (If Yes, give wer or deles of service)	17. INFORMANT & ADDRESS	· had
burial	Do III III III III III III III III III I	1- Ocellous flores Conor	ungo, 114.
pn	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONSET AND DEATH
35 3	430.0 IMMEDIATE CAUSE (A) Uremia		
use s	ANTECEDENT CAUSE(S) DUE TO		
	DISEASES OR CONDITIONS, IF ANY, (B)		
d for	STATING UNDERLYING CAUSE LAST. DUE TO	rial Endocarditis	
detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rigi Lndo curai is	
Jeta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
pe o	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		A VIII STANDAR HINN OF THE STANDARD AND A STANDARD	YES NO
plnods	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	ic, WHERE DID INJURY OCCUR? (City or town) (County	y) (State)
		21f. HOW DID INJURY OCCUR?	
dme	M. at work A at work		
certificate assembly	22. I hereby certify that I attended the deceased from 7/3/	19 55 to 8/3 19 55 that I	ast saw the deceased
940	11613 66	M, from the causes and on the date stated	
10M	SIGNATURE	ADDRESS (Street, city, town, stete)	DATE SIGNED
cer 55 1	Florar J. Slaws Gery, M.D. 5	569 Revolution Statture de Gi	ace 10 8/3/55
£ -	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stata)
deal A15C	Burisl Aug. 7. 1905 Wht. 20	ran hear Conour	noo. md.
\ \	24. REC'D-BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
	DATE M. a. 6- 1955 G. L. Xenso M. D	1. J. E. Son Risis	ng Dun ma

ALCOHOLS STATE DEPARTMENT OF HEALTH-HATE WHALTER AND

ASSESSMENT HAR WAS TO LEE VE LEW PORTY



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24 hours after death.

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the altending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7780 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HARFORD MARYLAND	STATE MARY/And COUNTY	· Con
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside Corporete fimits, write RURAL and give nearest to	own)
OR end give nearest town) OR (in this pleca)	TOWN HUATTS 11	150 0
THURE DE GRACE 1/1/185,	11/1001112 10-	10- de
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rurel give location)	,
71 STREET ADDRESS HARFORD MEMORIAL HOSP.	501 Chillum Rd	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (De	y) (Year)
(Type or Print) SAMUE/	ASTEN DEATH / TUGUST	- 11, 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
	-22-1922 32 yrs. Months Day	ys Hours Min.
		TIZEN OF WHAT
dona during most of working life, even if refired OUR'T KE PORTER	ARKANSAS 78	OUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Abraham Kasten	-DORA MIRSKY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17., INFORMANT & ADDRESS	
(Yas, no, or unk.) (If Yes, give wer or detes of service)	HARLY KASTEN - BROTHER	
18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
1120./IMMEDIATE CAUSE (A) CACULL N/14	ocardial infarction	shouse
ANTECEDENT CAUSE(S) DUE TO	entle solol)	
DISEASES OR CONDITIONS, IF ANY, (B)	ancrosalesine	
GIVING RISE TO THE ABOVE CAUSE DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
THE STATE OF STRAIGHT		YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.)	Tic. WHERE DID INJURY OCCUR? (City or town) (County)	(State)
	21f. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from aug 11	19 57 to and 11 19 57 that I last	saw the deceased
	8	
SIGNATURE	ADDRESS (Street, city, town, stata)	DATE SIGNED
B. J. Phinkett Jr M.D.		aug 12 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(Stata)
BURIAL AKG-14-1951 NATL HEBRER	WCAF. CEM. Buriago D	e
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	RESS C 22
DATE Meg. 13-1785 (1: J. Dewis M. d.	Helding / www. Trong. fr	1.7 rue

CHET PRICATE OF DEATH

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BUREAU V. S.

MEDICAL EXAM	MINER'S CER	THECATE	OF DEATH	No. 180
I. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASED:	
COUNTY Harford	MARYLAND	STATE Mary	land COUNTY Har:	ford
CITY (If outside corporate limits, write OR and give nearest town) TOWN Abingdon	RURAL LENGTH OF STAY (in this place)	CITY (If outside OR TOWN	corporate limits write RURAL s	and give nearest town
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS		STREET ADDRESS	(If rural, give location	n) /
3. NAME OF (First) DECEASED: (Type or Print) William	(Middle) L. Mag	(Last)	4. DATE (Month) (I OF DEATH #)	Pay) (Year) 55
RACE: W	NGLE, MARRIED, VIDOWED, DIVORCED, Decify): married Dec. 2		. AGE last birthday: IF UNDER Months	1 YEAR IF UNDER 24 HE Days Hours Min
10a. USUAL OCCUPATION (Give kind work done during most of work life even if retired): Foreman	of 10b. KIND OF BUSINESS O	Abingdon.	Maryland	12. CITIZEN OF WILL COUNTRY? U.S.A.
3. FATHER'S NAME: John R. Magness		Mary E. Cl	DEN NAME:	
15. WAS DECEASED EVER IN U.S. ARMED FOR	CES ? I6. SOCIAL SECURITY No.:	17. INFORMANT & A	DDRESS:	
(Yes, no, or unk.) (If Yes, give war or date service)	212-05-5903	Minnie I. Magn	ness, Bel Air, Mary	rland
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		mondelf	rachue skul	
II. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	DEATH.	factorie to	th some	
19a. DATE OF OPERATION: 19b. MAJ	OR FINDING OF OPERATION:			20. AUTOPSY? Yes □ No I
PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hou	OF street office bidg., etc INJURY A PART OF STREET OFFICE OFFIC	21f. HOW BID I	In Harford	(State)
	M. work at work	Auto-Pede		
22. I hereby certify that I took of find that death resulted from: SIGNATURE Level C	narge of the remains descri	dent 🗹, Suicide [CHIEF DEPUT	Autopsy , Inspection , Homicide , Unde MEDICAL EXAMINER RY MEDICAL EXAMINER FANT MEDICAL EXAM.	The property of the property o
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify): Aug. 29	,1955 St. Francis,	RY OR CREMATORY	Abingdon, Harford	Maryland
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE MANUEL	Howard K. M.	Conas & Son Abing	don, Md.

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	72 hours	director, t	
	within	funeral	
-	egistrar	y the	
	he r	2	
	with	Filled	mit.
nay be retained by the hospital or attending physician.	LECTOR: The law requires that the death certificate be filed with the registrar within 72 hours at	has been executed by the attending physician and completely filled in by the funeral director, the	Brate account to detached for me a king transit DArmit
be relatined by	OR: The law re	executed by th	while change he
may	TRECT	been	An agen
1 0	7	has	Z.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07795

CERTIFICATE OF DEATH 7797

1. PLACE OF DEATH	2. USUAL RESIDEN	CE (HOME) OF DECEASE	D
COUNTY Harford MARYLAND	STATE M)	COUNTY Hap	Ford
CITY (If outside corporeta limits, write RURAL LENGTH OF STAY		ata limits, write RURAL end give ne	
OR and give naerest town) (In this place)	OR TOWN SL	+ PO	
X TOWN Street		ReaT 10	X
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	(if rurel give location)	
STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Dey) (Year)
	ray	DEATH 8	15 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	F BIRTH S	9. AGE lest birthday IF UNDE	R 1 YEAR IF UNDER 24 HRS
F Colored (Specify) Married 4-14	1-1914	41 yrs. Months	Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	an country)	2. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	HaRtoRd	1. MA	COUNTRY?
ratired) Ftellsewife		50 110	11.7
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME	
Edward Trasbury	ANNIE 6	UnitTINGTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, no, orank.) (If Yes, give war or detes of service)	Earl C.Mu	May Street/	MA BOY Q3 AF
18. MEDICAL CER			INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
443 KIMMEDIATE CAUSE (A) Cerebral vascular	accident		2 hours
ANTECEDENT CAUSE(S) DUE TO	lamanaulam dia		10 manns
DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive card:	TOARSCATEL GIRE	3,50	10 years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO . (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
176. DATE OF CIERMION			YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., atc.)	21c. WHERE DID INJURY OCCUP	R? (City or town) (Co	unty) (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUI	0.2	
While at work at work	ZII. NOW DID INSORT OCCUI		SHURE
22. I hereby certify that I attended the deceased from Oct. 2	8 19.50 to Aug.	15 , 19 55 , that	I last saw the deceased
alive on Aug. 4., 19.55 and that death occurred at			
SIGNATURE AND		RESS (Street, city, town, stete)	DATE SIGNED
Robert Barllist M.O.	Forest Hill, 1	Varyland	8-16-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		LOCATION (City, town, or cour	
REMOVAL (SPECIFY)		BIND	1 her
Burgal 1744 18/33 16/28 801	19-el	WILLY MIRA	1 MA
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
DATE 8-16. 33 Presiden Forward.	Sosephido	Jester Joela	w May

S. APPLAND SYATE DEPARTMENT OF HEALTH-HALTMOSE, IN CHRITINCATE OF DEATH TO THE PLANTS 6 M 30 6904710F ムイに出土といりで Annie Whiting Ten EA STOLEN CONSTRUCTION OF THE STREET OF THE ABOUT OF THE hestrone videnmer letter and suger of the fact to the well server to Black Billion 200 provide a State of the control of S36I 8I DNY

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 Reg. Dist. 180 MEDICAL EXAMINER'S CERTIFICATE DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Harford Maryland COUNTY Harford COUNTY MARYLAND STATE LENGTH OF STAY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Edgewood (in this place) TOWN Edgewood 4 yrs HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS (Middle) (Last) 3. NAME OF 4. DATE (Year) (First) (Month) (Day) DECEASED: (Type or Print) John Francis/ DEATH 5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED, (Specify): married Monthal Days Hours Feb.14,1919 male 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, even ypewmiter Mechanic INDUSTRY: COUNTRY? Maryl and 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: James A. Norris Louise Goodwin 15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of Anis L. Norris, Edgewood, Maryland. 217-12-6372 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Sontacute backerial endocardilis Immediate cause Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes | No | 21a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY (County) 21c. (City or town) (State) 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While at Not while INJURY work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection A, Inquiry []. and find that death resulted from: Natural causes I, Accident I, Suicide I, Homicide I, Undetermined cause I. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. 23. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (Specify) : Burial Aug.13.1955 St. Stephen's Bradshaw, Balto. Maryland. Howard R. Mc Comas & Son Abingdon DATE REC'D BY LOCAL

BUREAU V. S.

SS6I STEE

DECENSED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

7781

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

07797

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Har ford MARYLAND	STATEMARULAND COUNTY Nar ford.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest (wn)
OR and tive near town (in this place)	TOWN Operdeen - md. 31
HOSPITAL OR	STREET (II tyral give location)
INSTITUTION OR -	ADDRESS
I STREET ADDRESS Nan Jord Memorial Hoz	4 30 / 477 0/
3. NAME OF (First) (Middle)	(Lon) 4. DAYE (Month) (Day) (Year)
(Type or Print) Upen Clmer	Porter DEATH Clay 1 1955
	E OF BIRTH 9. AGE last birthday IF WNDER 1 YEAR IF UNDER 24 HRS.
Male 11, bite (Specify) Married 11-	- 27-63 5/ yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kige) of work 10b. KIND OF BUSINESS APG	1 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
MITTER STATES	
13. FATHER'S NATINE	14. MOTHER MAIDEN NAME
Meid Jorter	florence needy.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	12 Mrs Over E. Porter rue.
18. MEDICAL CI	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
169 X IMMEDIATE CAUSE (A) OFTEN Chaples	Me curcuma
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	YES NO N
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	216. HOW DID INJURY OCCUR?
M. et work et work	
20 I have be consider that I attended the decorate to a DAM I	10 55 to ave 1 10 55 shall feet any the decreed
1 55	19.55, to and 19.55, that I last saw the deceased
alive on 11 g	at
SIGNATURE COLLECTION	
M.D.	6:7 W. (Delaw art Whereless me 8-2-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	OR CREMATORY LOCATION (City, fown, or county) (Stete)
Burial aug 3-19:5 BelHir Ma	merial 40, dones Belffer Harford Ro. Uld.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE (MA 18 1950-11. L. Louis M.	10 Stull 4. Jarring aller deen his

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BUREAU V.

CERTIFICATE OF DEATH

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72 hours after death. After director, the third copy of

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7793 CERTIFICATE OF DEATH

07798 182

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D
COUNTY Harford MARYLAND	STATE Maryland COUNTY Har:	ford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give naa	rest town)
X TOWN Churchville Lifetime	TOWN Churchville	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Joseph Harvey Scarbo	(Lest) 4. DATE (Month) OF DEATH AUG.	(Dey) (Year) 5 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED,		
	. 1866 89 yrs. Months	Deys Hours Min.
10s. USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY		CITIZEN OF WHAT
refired) Proprietor Drug Store	Harford Co., Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel J. Scarborough	Amelia Miller	
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANT & ADDRESS	
no none	H. Miller Scarborough, Chur	chville, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH-	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
422. 1 IMMEDIATE CAUSE IN Culeur & cler	while (-1/1) exposes	1090
ANTECEDENT CAUSE(S) DUE TO		1
DISEASES OR CONDITIONS, IF ANY, (B)		1
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (Cour	ity) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While M. et work et work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Januar	, 19 % , to Cary , 19 55 , that I	last saw the decease
alive on acy 5 , 1955 , and that death occurred a	1.3.2.2.M, from the causes and on the date state	d above
SIGNATURE REPRESENTATION M.D.	Churchylle Mo	DATE SIGNE
23. BURIAL, CREMATION, PEMOVAL (SPECIFY)		(State)
Burial Aug. 8 1955 Churchville 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Presbyterian Churchville, Har	ford. Md.
a grata the aith fine	Howard K. Mc Comes & Son, Abin	gdon, Md.
DATE 8. 0 30 1 WANTED TOWNS		
	Motorwak, Meterus X	

MARYLAND STATE DIFACTMENT OF SHALTH-SALTHOLS IN

Reg. Olice 810, 1932 Bo S Zurick

120, 31, 1323 STATE STATE Berross , wo reprint

THE METERS TO SERVICE STREET, IN SECURISE STREET, MARKET

BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7800 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
State I I	11
COUNTY FAULORO MARYLAND	STATE // D COUNTY /TARFORD
CITY (If outside comporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest lown)
OR and give negrest towny (in this place)	OR 7
X TOWN/PUTAL A BERDEN 30 YRS	TOWN/TURAL HBERDEN X
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR TO IN THE	ADDRESS
STREET ADDRESS / T. D	/Y. D. # /
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Year)
DECEASED	OF A
(Type or Print) (- FRTIE /TMFLIA A	DEWARD DEATH /TUG. 30 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. D.	ATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
RACE WIDOWED DIVORCED.	
EINALE WHITE Specify WIDOVED /	406-10 1879 76 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS	
done during most of working life even # OP INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) LL C B IN/1 C E LL C	Mp. U.S.A.
retired HOUSE WIFE HOME	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Loslah GROSS	Alie E CHOICTIAN CASTIE
	VILICE CHRISTINE CHOILE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	P. A CHURDO Annon my Ma
Mo	MOL 11. DE WAIT DIBERDENTID.
18. MEDICAL	CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
199.9 IMMEDIATE CAUSE (A) CELLENT	Claring - Minimal Junkney July
	Town your and your control of the co
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING CHOLKETING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH,	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
170. MAJOR PHOPINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
While Not while	TII. HOW DID HOOK! OCCOR!
M. at work et work	
	1- 15 0 0 50
22. I hereby certify that I attended the deceased from	19.55, to any 30, 19.55, that I last saw the decease
alive on \$130 to \$55 and that death occurre	ed at 2:00 M, from the causes and on the date stated above.
SIGNATURE	
BIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNE
Frederick Within M.D.	Felle Ster (1 Her sun mil LA)
23. BURIAL, CREMATION, DATE MEREOF I NAME OF CEMETER	
REMOVAL (SPECIFY)	LOCATION (City, town, or county) (Stefa)
14	PINCEM. MILDOLETANA MO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
(1,103/ 6 5/ 1/10/1/10 12/ 100001	KM 1 MIT Of a market
DATE COLO SI	N. Madison Mulebell HAVRE DEGRACE

07800

Reg. Dist. No.

COUNTY HARF	O RO MARYLAND	STATE M d	· COUNTY Ha	RI-ond
CITY (If outside corporata fimits, write RUR OR end, give nearest town)	AL LENGTH OF STAY (in this place)	CITY (II outside corporate OR TOWN	timits, write RURAL and give neere	st town)
HOSPITAL OR	ruce 2 th	STREET STREET	(If rurel give location)	UIIIX
7/ STREET ADDRESS TARFORD	Remorial Hospita	ADDRESS		
3. NAME OF DECEASED (Type or Print) Baky	boy E	shehhey.	4. DATE (Month) OF DEATH	(Doy) (Year) 28 1953
TALAL A RACE	SINGLE, MARRIED, 8. DA WIDOWED DIVORCED, A (Specily) Rew houry A	TE OF BIRTH 1955 9.	AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106, KIND OF BUSINESS OR INDUSTRY	Mary Lo	ountry) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Shelhey, J	Uhion. E.	14. MOTHER'S MAIDEN NAM	s, Ber	Tha
15. WAS DECEASED EVER IN U. S. ARMED FO [Yes, no, or unk.] (If Yes, give was or detes of		5 hehheys	Julion Bed	Gir Ma
I DISEASES OR CONDITIONS DIRECTLY LEADIN		CERTIFICATION		ONSET AND DEATH
762,5 IMMEDIATE CAUSE (A)	Resturate	ry Harler	e	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)		nis!		
STATING UNDERLYING CAUSE LAST. DUE	Hunceful	ity (materna	l kydramu	(2)
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TING			
19a. DATE OF OPERATION 19b. MA	JOR FINDINGS OF OPERATION			20. AUTOPSY? YES NO
	. PLACE (Home, Jarm, factory, INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(Clly or lown) (County	y) (State)
21d. TIME OF INJURY (Month) (Dey) (Year)	(Hour) 21e. INJURY OCCURRED While Not while M. et work at work	211. HOW DID INJURY OCCUR?		9
22. I hereby certify that I attende	ed the deceased from	, 19, to	, 19, that I la	ast saw the deceased
alive on, 19	, and that death occurre			above.
SIGNATURE		ADDRES	(Street, city, town, stete)	DATE SIGNED
23. BURIAL, GEMATION, DATE THE	M. D. REOF I NAME OF CEMETERY	OR CREMATORY	OCATION (City, town, or county)	(Stete)
REMOVAL (SPECIFY)	roles Balla	1 Gardens	R.III M	1
24. REC'D BY REGISTRAR REGISTRAL	'S SIGNATURE	25 FUNERAL DIRECTOR'S SIG	NATURE A	DDRESS
1 11 155 1	91.	Jesull T	TA BOOD	inul

INSTRUCTIONS

PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed with has be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. TO ATTENDING
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24, REC'D BY REGISTRAR DATE

BURIAL, CKLINI. 23.

BUREAU V. S.

SEET TE SUA

CERTIFICATE OF DEATH

91/6-1 ST ASOMERAN-HILASH TO THEM DIAMOSTATE ZHALIYBAM

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FUNERAL EXECTOR: The law requires that the death certificate be filled with the registrar within 72 from after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

rs after death. After this the third copy of this

24 hours after death.

executed M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7783

CERTIFICATE OF DEATH

		17801 No. 8	1
eg.	Dist.	No. 181	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Har ford. MARYLAND	STATE Maryland. COUNTY Harford.
CITY (If outside corporate limits, write RURAL LENGTH OF ST. OR and girls nearest town) (In this place)	
31 TOWN abord and	TOWN aberteen. 31
HOSPITAL OR INSTITUTION OR	STREET ADDRESS 33 714 Outside (If rurel give location)
00 STREET ADDRESS 33 Ult. Koyal Hue.	ADDRESS 33 Wet. Noyal Aus.
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Though Sore DEATH aug. 16th 1955
	DATE OF BIRTH 9. AGE lest birthdey # UNDER 1 YEAR IF UNDER 24 HRS.
Temale. White (Specify) Widowed	oly 19th 1884 71 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even If OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rotired) House write. House.	Mary auc. usA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tetter Stewart Osborn	Sprati Mebecca Wells.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unk.) (If Yes, give wer or dates of service)	1/ 20/20 mind st.
20.	Harry L. Osborn aberdeon med
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION / INTERVAL BETWEEN ON SET AND DEATH
420. / IMMEDIATE CAUSE (A) VENTICULO	r tibs: lation terminal
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	al Inderation a days
STATING UNDERLYING CAUSE LAST. DUE TO	Declusion 2 days
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not whi	
M, at work at work	
22. I hereby certify that I attended the deceased from	19 1, to Avy 15, 19 , that I last saw the deceased
alive on 1905 R, and that death occ	urred at 5:30 AM, from the causes and on the date stated above.
SIGNATURE	ADDRESS (Sheet, city, lown, state) DATE SIGNED
	10. & Law St., Aberdeen Md. 5-17-55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMI	TERY OR CREMATORY LOCATION (City, fown, or county) (State)
Buria (SPECIFY) aug 19-1955 Baker	is countery aberdeen maryland.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
pateling. 19-55 Wellie X. Her	y John J. Varring aberdeen and.

REARCH OF DEATH

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STORES OF THE OWNER,

BOKEVO A. W.

ATTENDING

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7784 CERTIFICATE OF DEATH

		07802,
Reg.	Dist.	No. 18

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	7 1
COUNTY Harford MARYLAND	STATE Mary are COUNTY Ha	reas I.
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (Il outside corporete limits, syrite RURAL end give neers	(fown)
OR end give negrest town (in this plece)	OR	21
College Selle	awxiear.	31
HOSPITAL OR HINSTITUTION OR TO	STREET ADDRESS (If rural give location)	St. 1
OB STREET ADDRESS TO / ACTUURED SCIENT	to / actuard.	> Y
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Yeer)
(Type or Print) Total What lott	Tobers DEATH CWG	21 1055
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	E OF BIRTH 9. AGE lest birthday A UNDER	.,
PACE WIDOWED, DIVORCED,	- 1 15601 1 1 Wonths	Deys Hours Min.
The market you	21-1070 (0) yrs.	
10e. USUAL OCCUPATION (Give kind of work done during, grost of working life), even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	COUNTRY?
retired) Housewite. House.	Halto. Maryland	USH.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1 1
Heures Lagolos	Minneaged (lutucure)	Jacobs.
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	1
(Yes, no, or unk.) (If Yes, give wer or detes of service)	cold 7 Taline about	00. 76.
400 norue	alpha 1.10	ALTONIAL ACTIVITY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	ONSET AND DEATH
11113X Coseless	a nationers alemand	18 MOS.
440 × IMMEDIATE CAUSE (A)	0	70
DISEASES OR CONDITIONS, IF ANY, (B)	Cardeningen In a disease	UNK_
GIVING RISE TO THE ABOVE CAUSE DATE TO	CE 1 - NO V I - ICENS VOS	
STATING UNDERLYING CAUSE LAST. (C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR? (City or town) (Count	y) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from AVG-	6 , 19 55, to AUG 21 19 55, that I	and an extended to the second
	at	above.
SIGNATURE O Ph. Bett	ADDRESS (Street, city town, stete)	DATE SIGNED
M.D.	617 W, 1 success were	6-45-00
23. BURIAL, CREMATION, DATE THEREOF, REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, town, or county)	(State)
Burial 8/24/65 Bakers	Cemelery abexpose 7	und.
REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	A	DDRESSI 1 Wy
(de 1 2 3 - 55) / (d) · V (10 ·)	John 9 Jarrieg	aberdeen
WARRING TO STATE OF THE STATE O	// / -	

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MUL CERTIFICATE OF DEATH

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the registrar within 72 hours after death. After in by the funeral director, the third copy of

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7785 CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	D /- /
COUNTY HORFORD MARYLAND	STATE / GRULG HOLL COUNTY HOLD	FORd.
CITY (II outside corporate limits, write RURAL LENGTH OF STAY	CITY (II outside oprorate limits, write RURAL end give nes	rest town)
OR end give neerest town) OR OR (in this place) OR OR (in this place) OR OR (in this place)	TOWN HOSER - Ch. G	PACO 24
HOSPITAL OR	STREET (Il rurel give locetion)	1196
INSTITUTION OR 14	ADDRESS 1009 P	26
71 STREET ADDRESS TOR FORA MEMORIAL POSPILAR	H POINTAR ULL	· e +
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Dey) (Year)
(Type or Print) ULFRED Z 1/a	UGMM DEATH CUTOSI	30 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE		
male Colored Specify Assect 3-	17-1797 58 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS		. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	South Capaline	COUNTRY?
retired) aliciniployed	1 Sould CHROKINA	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
allerander aughn	Kena (unknown	/)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 60	of Pank, alley
(Yes, no, or unk.) (If Yes, give wer or dates of service)	Mrs Vinas La - Har	re de Frace de
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0	ONSET AND DEATH
260X IMMEDIATE CAUSE (A) Cardiac J.	ailure	
ANTECEDENT CAUSE(S) DUE TO PC O To	10+- O. t.	
DISEASES OR CONDITIONS, IF ANY, (B)	cellus e travilines	
STATING UNDERLYING CAUSE LAST, DUE TO	Perosis	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	son (Penigna)	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Cou	nty) (Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et work et work		
22. I hereby certify that I attended the deceased from	2 , 19 55, to 8/30, 19 55, that I	last saw the deceased
7 67/3 5	- 473	
allya on	at	DATE SIGNED
Marca of the sales	-100 D. +. 14 2/1 41	m/ 8/31/55
23. BURIAL CREMATION DATE HEREOF NAME OF CEMETERY O	DR REMATCRY LOCATION (City, lown, or county	(Stete)
REMOVAL (SPECIFY)	() C ()	lace ne
REMOVAL (SPECIFY) Sept. 3, 1953 St. Jame 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	es U. M.E. Cem Stane de to	race, M.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Dept. 2-19554. T. Clewin m.d	Clock - Hullock - Hu	redo Graco Me

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

()78()4 Reg. Dist. No. /82

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATI	H No. /

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. /82
I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Harford MARYLAND STATE MUTYLCOUNTY	
OR and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR OR OR	give nearest town)
TOWN Busin Stays TOWN Ballo	3 V 0 1 - 4
HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS	
B. NAME OF (First) (Lucy Middle) (Last) (A. DATE (Month) (Day DECEASED: (Type or Print) (Type	(Year) (19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: WIDOWED, DIVORCED, WAY 24-1906 9. AGE last birthday: F under I y Months Da	
10a. USUAL OCCUPATION (Give kind of work life, even if retired): INDUSTRY:	CITIZEN OF WHAT
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: -	1
Walter ! Sivens Darah Lowe King	ley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	Bul air
service) 12 19-10-1528 MM Kuth dineberry	11 md
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Carcinoma heast with wide metastasi	
DUE TO	
Antecedent cause(s) Diseases or conditions if any (h)	
Diseases or conditions, if any, (h)	
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
A My 1953 Carcinomer Laft beact	Yes 🗆 No 🕞
21a. EXTER AL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., INJURY (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while injury M. work \(\begin{array}{c ccccccccccccccccccccccccccccccccccc	
22. I hereby certify that I took charge of the remains described above, held an Autopsy 🗌, Inspection 🕃	
find that death resulted from: Natural causes (, Accident , Suicide , Homicide , Undeter	
SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY CATION (City, town, or co	wnty) (State)
REMOVAL (Specify): aug 18 1955 Car Junor Cemetery Balts and	-nud
DATE REC'D BY LOCAL RECESTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
REG. 8-17. 55 Privilla foremost Warther Den	m red

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No.

MEDICAL EXAMINER'S CERT	IFICATE (OF :	DEATH	I No. 18/
COUNTY (AL) MARYLAND 2.	STATE RESIDENCE (HOME) O	1/	ford
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR //////	orate dimit	write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If r	ural, give locati	on)
DECEASED:	est 4.	DATE OF DEATH	(Month)	(Day) (Year)
5. SEX: 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AG	E last bir	thday: If UNDE	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	11. BIRTHPLACE (St	fate or for	eign country):	12. CITIZEN OF WILA' COUNTRY?
13. FATHER'S NAME:	MOTHER'S MAIDEN	NAME:	ulm	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.: 17.	nin Ithne	ESS:	Therdu	md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a)	certification	<i>a</i> C	ell,	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO Puccul Middle Middle DUE TO	face chel	k 4	rith	
stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:				1
		1997		20. AUTOPSY? Yes \(\text{No.} \text{No.} \text{D}
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.	21c. (City or town)		(County)	
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while	21c. (City or town)	RY OCCUI		Yes No D
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) (Hour) 21d. TIME (Month) (Day) (Year) 21d. TIME (Month) (Day) (Year) 21d. TIME (Month) (Day) (Year) 21d. TIME (Month) (Not while at work 21d. Time	21f. How DID INJUR d above, held an Au nt [], Suicide [],	topsy 🗆 Homicie	, Inspection de □, Und	Yes No No (State) (State)
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIPTION CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OF Street, office bldg., etc., INJURY 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work 22e. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes 27, Accidental Causes 27, Accidental Causes 28.	d above, held an Aunt D. Suicide D. CHIEF ME DEPUTY M. M. D. ASSISTANT	topsy Homicie DICAL E EDICAL MEDICAL	, Inspection de □ , Und XAMINER EXAMINER L EXAM.	Yes No
21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, PRIMARY	d above, held an Aunt D. Suicide D. CHIEF ME DEPUTY M. M. D. ASSISTANT	topsy Homicie Homicie Homicie Homicie MEDICAL HOMICIE HOMICIE	, Inspection de □ , Und XAMINER	Yes No No No No No No No N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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DECEDATED SEC

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FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 th certificate has been executed by the attending physician and completely filled in by the funeral direct death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL The bottom c

ars after death. After this

director, the third copy of

in 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7786

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HORI MARYLAND	STATE POL COUNTY
CITY (If outside corporate mits, write RURAL LENGTH OF STAY	CITY (If outside corporete fimits, write RURAL and give nearest town)
OR end-give neerest town) (in this place)	TOWN Philal III 75 V 3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	STREET / (If rural give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) [+ tha) [[]	Mams DEATH Hug 10 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HI
(Specify)	22 1898 56 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR fNDUSTRY	COUNTRY?
relired) House Wite	Brunswick Ga US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(QAIVa, dele))	EMMA HUNKHANINI
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or deles of service)	Ma Anuata Ola PERAIR, MO
18. MEDICAL CEF	RTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
174 X IMMEDIATE CAUSE (A) CARDIO-RES	PIRATORY FAILURE I WEEK
DHE TO	
DISEASES OR CONDITIONS, IF ANY, (B) CARCINOMAS	TOSIS
STATING UNDERLYING CAUSE LAST, DUE TO	
10) CARCINOMA	OF UTERUS 12 YRS
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from Decive	105 S. in Augusti
	, /3 4
alive on 1955, and that death occurred at	t.6
The Believelle	ADDRESS (Street, city, town, state) DATE SIGNE
M.D.	1 Del CUN MU GULLEST
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, lown, or county) (Stete)
Burial Aug 8-1955 Rollin (Pack Parnia Pa
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 8.6.33 Privilla formoved	Verell That Book mil
Walled Forward	Jesupa Jasen vaccon /mal/

CERTIFICATE OF DEATH

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PHYSICIAN OR HOSPITAL:

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

7787

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
FOUNTE ford Mary Land	Therend county Harland
CITY Woutside corporate limits, write RURAL LENGTH OF STAY	CITY (It outside corporete limits, write RURAL end dive nearest town)
OR and diva neerest town) (In this place)	TOWN Sand There 24.
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 117 11. Ataly
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey), (Year)
(Type or Print) Albert	Word DEATH 8/14/5-15-19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	TE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
Male Phile Spethy away 5	72/1873 82 yrs. Months Days Hours Min.
10a USUAL OCCUPATION Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
falling / James / Self-	Harland Coundy 11.1. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dame W. Word	Busan Klumes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	un Elis abel food Hand than
18. MEDICAL	CERTIFICATION / INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
151 X IMMEDIATE CAUSE (A) CAHCINGS	ia n Manades
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	V
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, olfice bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. et work et work	
22. I hereby certify that I attended the deceased from 2-11	
(1)0 06	hat
SIGNATURE CO 4	ADDRESS (Stylet, city, town, stala) DATE SIGNED
Ce-Z. Leuro m	To Have a draw MA 415/5
23. BURIAL, CREMATION DATE THENEOF NAME OF CEMETERY	OR CREMAJORY LOCATION (City, Town, or county) (Stele)
Bunal 8/16/55 Ungl	1 Hill Hand Bens Mr.
24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Cug, 15-55-11. X. Lewis M.	W Ferming The Man

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No.

(Year)

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Hours

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No

DATE SIGNED

ADDRESS

(State)

COUNTRY?

(Day)

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